

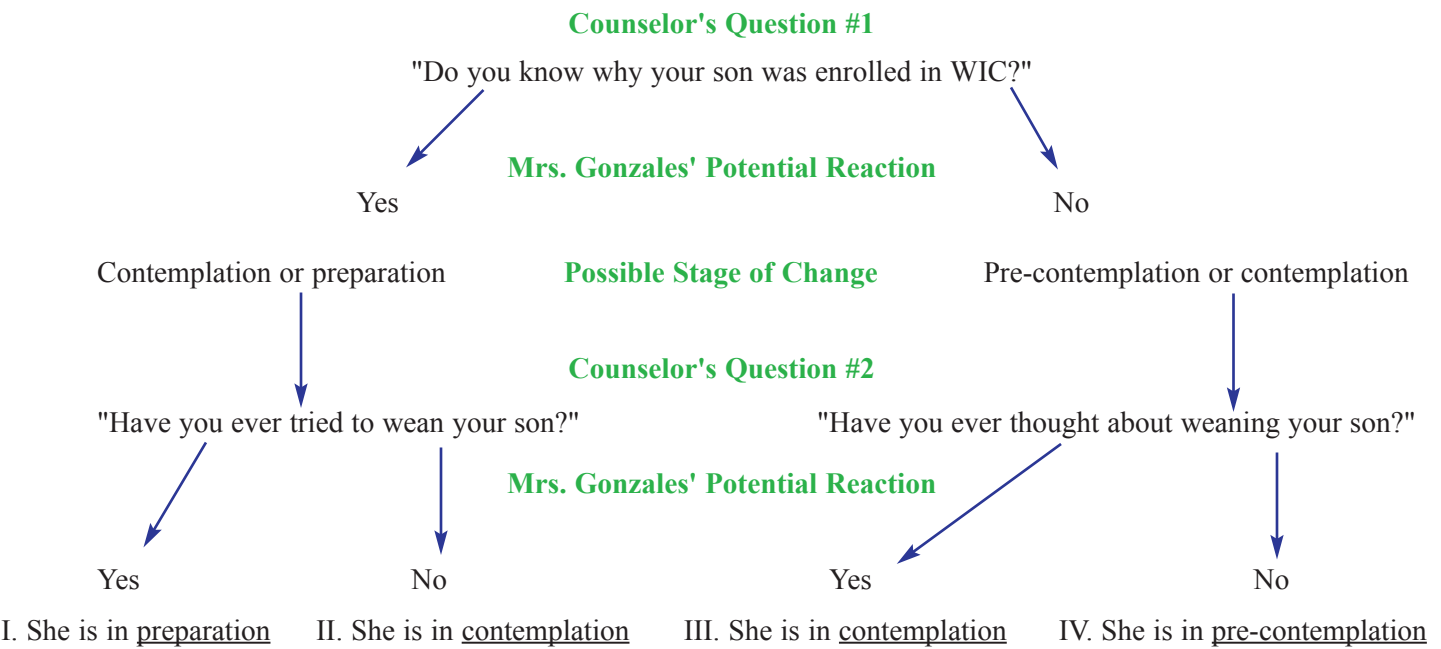
Readiness To Change

Example One

Identifying Stages of Changes for Weaning

Situation: You are counseling Mrs. Gonzales. Her 18-month-old son, Juan, has multiple dental caries. His diet record indicates he has not been introduced to a cup and consumes 3 4-ounce bottles of juice and 3 8-ounce bottles of whole milk daily. He is not overweight. Typically, you would go into action—explaining the risks of prolonged bottle use and giving suggestions on what to do. Instead, you decide to find out Mrs. Gonzales' readiness to change. From this scenario, you can assume that Mrs. Gonzales is not in either the action or maintenance stages—if she were, she would have reported having used a cup.

Counselor's charge: Determine if she is in pre-contemplation, contemplation or preparation so you can direct your counseling effort.



Counselor's Next Steps

- I. PREPARATION.** Since Mrs. Gonzales has already tried weaning, it is best for you to probe into her past experience. Listen carefully to her explanation. Suggest that other mothers have had similar experiences. Ask her if you can provide her some of their solutions. If you hear misinformation, ask her if you can provide the latest information so that she can have success.
- II. CONTEMPLATION.** This stage may continue for a long time before the individual actually decides to take action. To speed up the process, use the 0-10 scale featured at the teleconference. You can quickly determine her level of interest, knowledge, and confidence in weaning. Once you sift through her answers, you will be prepared to move forward with your counseling.
- III. PRE-CONTEMPLATION.** This is the most difficult stage for counselors to handle—not because of where the client is, but because we cannot immediately provide straightforward action-focused information, which is what we are used to doing. This stage is best handled with emotional messaging as suggested by Pam McCarthy during the teleconference.

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Example Two

Changing Deeply Rooted Beliefs About Nutrition Education

Situation: Madeleine Sigman-Grant has been a dietitian and public health nutritionist for almost 20 years. She experienced the frustrations of providing nutrition education to in-patients as they were leaving the hospital, to teens in classroom settings, and to hundreds of WIC clients who appeared to ignore almost everything she said. On the other hand, she also experienced the joys of working with mothers as they made decisions to breastfeed their infants, successfully weaned their toddlers, and improved their overall food elections.

Pre-contemplation: Madeleine never questioned her approach when working with clients; an approach she learned in her dietetics classroom and internship education.

Contemplation: While she was working as a WIC coordinator, she had the opportunity to evaluate her staff and dietetic interns with whom she worked as well as listen to clients describe their lives. Slowly she began to question how much her clients could absorb in one counseling session or class. She observed that WIC clients were often bored or overwhelmed. She felt frustrated by her lack of success—as measured by client change. She began to understand how her clients' perceived "resistance" was actually their reality, and their lives were indeed complicated and difficult.

But there were clients who listened, asked questions, and made decisions to try suggestions. Those clients made the effort worthwhile.

Was there a better way to reach all clients? If so, what was it? Who was responsible for client changes — the educator or the client? How do we motivate WIC clients to change? All Madeleine had were questions, with few answers. So she kept doing what she always did.

Preparation: After many years, Madeleine made a decision to return to school to obtain her doctorate. When she completed her degree, Madeleine accepted a position at Penn State University. She brought with her years of experience not normally a part of academia. At that time, Penn State was the hotbed of nutrition education. Madeleine had the rare opportunity to work with faculty and graduate students who studied behavior change, in particular nutrition behavior. She spent many hours reading and thinking about how people go through changing their food selection as well as their child feeding practices. She initiated her own conceptions of the processes of change.

Action: Following what took at least 2 to 3 years of preparation, Madeleine began recognizing how past efforts might have failed and what changes in nutrition education practice might be made to improve outcomes. She conducted presentations for health professionals about these issues—striving to increase awareness of and challenged other health professionals to change. She also wrote articles addressing these issues. Finally, she joined with others in public health, academia, government, and private industry to initiate efforts to assist in creating change in how we conducted education, interventions and evaluations.

Maintenance: Madeleine continues reading, thinking and contemplating new approaches. She attends conferences and trainings to enhance her skills. She maintains communication among colleagues so she feels comfortable in the direction she has taken. She continues to work with other nutrition educators as they try to improve their efforts while reducing their frustrations.



Readiness To Change

We have carefully read your responses and evaluation comments as well as scoured the teleconference questions. Most of you recognize the influences on readiness to change—the family, culture and physical environments within which WIC clients live. But some of you want further explanation about how the *Stages of Change* model can be used in your daily WIC work.

Stages of Change

What it is.

Stages of Change is a **model** developed after studying how people changed negative health behaviors (smoking, alcohol and drug addiction, even compulsive eating) into positive ones (see insert for details).

What it isn't.

Stages of Change is **NOT** a program. It is **not** something you **teach** to clients.

Then why did the teleconference spend time describing it?

Stages of Change allows educators to identify where clients are in the process of change.

What is so important about that?

By knowing where a client is in the process, the educator can select activities appropriate for a particular stage. In addition, the educator can determine how effective his or her work has been by measuring movement through the stages. In other words, *Stages of Change* can be an evaluation tool.

Can you show me an example for each stage?

Examples are the best way to understand what *Stages of Change* can help you do. We have included two illustrations. The first example deals with identifying stages of change for weaning during a high-risk counseling session. The second example describes Dr. Sigman Grant's personal change process in relation to teaching WIC clients.

NEXT ISSUE

Combining Identification of
Readiness to Change Strategies with
Facilitative Discussions

Continuing



The Stages of Change Model

- **Pre-contemplation** occurs when an individual is not considering any change. She may be unaware of having a problem, refuse to recognize the problem, or resist modifying her behavior.
- **Contemplation** occurs when an individual knows she has a problem, is seriously considering taking action but has no commitment or plan to change.
- The **Preparation** stage is when an individual commits to taking action. She gathers information, makes plans and makes small behavioral changes.
- **Action** is when a person displays efforts to change a specific behavior.
- The **Maintenance** stage is when a person tries to stabilize the new behavior and prevent relapses.